

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002366 (0)**

1. Corporation Name

**NEW LIFE GOSPEL PRODUCTIONS, INC.**

Principal Place of Business

Mailing Address

**610 NW 186TH  
MIAMI FL 33169-4480**

**P.O. BOX 693125  
MIAMI FL 33269-0125**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/29/1996</b>	3a. Date of Last Report <b>N/A</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0662246</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BETHEL, GLYNIS  
610 NW 188TH STREET  
MIAMI FL 33169-4480**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>PTD</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>Orlando A. Bethel</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>610 NW 186 st Miami, FLA. 33169</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>VSD</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>Glynis Bethel</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>610 NW 186 st Miami, FLA. 33169</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Barrett O. Hutchins</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>6800 NW 28th Ave.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>MIAMI, FLA. 33147</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>D</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>George Lopez</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>2401 Oleander Dr Miami, FLA. 33023</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Gloria Jean Breward</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>11 NW 117 st Miami, FLA. 33168</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Orlando A. Bethel**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/24/97**

(305) 651-9955  
(305) 653-0249  
Daytime Phone # 0034176

CR2E037 (9/96)